

Substitute for form 1449/PTO				<i>Complete if Known</i>	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Application Number	10/781,142
<i>(Use as many sheets as necessary)</i>				Filing Date	February 18, 2004
				First Named Inventor	Stephanos Kyrkanides
				Art Unit	1632
				Examiner Name	Hama, Joanne
Sheet	1	of	1	Attorney Docket Number	
24376.31.8401					

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.